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**FACSIMILE TRANSMITTAL**

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**TO:**

**Name:** Mail Stop AMENDMENT  
Art Unit 3731/Examiner Gary Jackson

**Firm:** U.S. Patent & Trademark Office

**Fax No.:** 703-872-9306

**Subject:** U.S. Patent Application No. 10/647,933  
Gary Karlin Michelson  
Filed: August 26, 2003  
STAPLER HANDLE  
Attorney Docket No. 101.0026-04000  
Customer No. 22882  
Confirmation No.: 3089

**FROM:**

**Name:** Amedeo F. Ferraro

**Phone No.:** 310-286-9800

**No. of Pages (including this):** 12

**Date:** March 9, 2005

**Confirmation Copy to Follow:** NO

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**Message:**

**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate; \$225.00 total amount to cover the two-month extension of time fee is to be charged to Deposit Account No. 50-1066) and Amendment with Exhibit A are being facsimile transmitted to the U.S. Patent and Trademark Office on March 9, 2005.



Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 101.0026-04000  
Customer No. 22882

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary Karlin Michelson

Serial No: 10/647,933

Filed: August 26, 2003

For: STAPLER HANDLE

Confirmation No.: 3089

Art Unit: 3731

Examiner: Gary Jackson

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a reply to the Office Action dated October 13, 2004 in the above-identified application.

☐ No additional fee is required.☒ Applicant hereby requests a two-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	14	-	20		LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3		LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180	\$ 0
TOTAL						\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

-- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☒ The total amount of \$225.00 to cover the two-month extension of time fee is to be charged to Deposit Account No. 50-1066.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. **A copy of this sheet is enclosed.**☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted

MARTIN &amp; FERRARO, LLP

Date: March 9, 2005

By:

Anteдео F. Ferraro

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Transmittal of Amendment DOC